

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

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In Re:	:	Chapter 13
TERY N. TITTLE	:	
KIMBERLY M. TITTLE	:	Case No. 20-14377-amc
Debtors	:	

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**CERTIFICATE OF SERVICE**

I hereby certify that service of the DEBTORS' AMENDED CHAPTER 13 PLAN upon the following was completed by First Class U.S. Mail, Certified, Return Receipt Requested.

The Domestic Return Receipts for each are attached.

Americredit

(Article No. 7021 0350 0000 1546 7120, signed by F. Guzman, delivered on 09/08/21)  
Attention: Daniel Berce, CEO  
801 Cherry St – Ste. 3500  
Fort Worth, TX 76102-6854

Americredit Financial Services, Inc. dba GM Financial

(Article No. 7021 0350 0000 1546 7137, signed by B. Weber, delivered on 09/07/21)  
Attention: Mandy Youngblood  
PO Box 183853  
Arlington, TX 76096

OneMain Financial

(Article No. 7021 0350 0000 1546 7144, signed by Rodney J. Schmitt, delivered on 09/07/21)  
Attention: Deedra D. Slow  
Bankruptcy Specialist  
PO Box 3251  
Evansville, IN 47731-3251


OneMain Holdings, Inc.


(Article Nno. 7021 0350 0000 1546 7151, signed by Rodney J. Schmitt, delivered on 09/08/21)  
Attention: Douglas Shulman, CEO  
601 NW 2<sup>nd</sup> St.  
Evansville, IN 47708-1013


WETZEL GAGLIARDI FETTER & LAVIN LLC

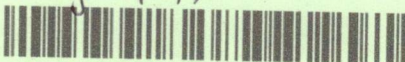
Date: September 15, 2021

BY: /s/ John A. Gagliardi  
John A. Gagliardi, Esquire  
122 S. Church St.  
West Chester, PA 19382  
(484) 887-0779  
(484) 887-8763 (Fax)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <b>X</b> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <i>OneMain Holdings, Inc.</i> <i>Attn: Douglas Schulman, CEO</i> <i>601 NW 2nd St.</i> <i>Evansville, IN 47708-1013</i>  9590 9402 6652 1060 9932 78	B. Received by (Printed Name) <i>Rodney J. Schmitt</i> C. Date of Delivery
2. Article Number (Transfer from service label) <b>021 0350 0000 1546 7151</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, July 2020 PSN 7530-02-000-9053	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)

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1. Article Addressed to:  <i>OneMain Financial</i> <i>Attn: Deedra D. Slow, BK Spec</i> <i>P.O. Box 3251</i> <i>Evansville, IN 47731-3251</i>  9590 9402 6652 1060 9932 61	B. Received by (Printed Name) <i>Rodney J. Schmitt</i> C. Date of Delivery
2. Article Number (Transfer from service label) <b>021 0350 0000 1546 7144</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, July 2020 PSN 7530-02-000-9053	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)

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1. Article Addressed to: <i>Amercredit</i> <i>Attn: Daniel Berce, CEO</i> <i>801 Cherry St, Ste 3500</i> <i>Ft. Worth TX 76102-6854</i>	B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>9/8/21</i>
 9590 9402 6652 1060 9932 47	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7021 0350 0000 1546 7120	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

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1. Article Addressed to: <i>Amercredit Fin. Svcs. Inc.</i> <i>elbela Gin Financial</i> <i>Attn: Mandy Youngblood</i> <i>P.O. Box 183853</i> <i>Arlington, TX 76096</i>	B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery
 9590 9402 6652 1060 9932 54	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) 7021 0350 0000 1546 7137	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt